PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

PO 6638US)

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			12				Γ	RATE	FEE	[RATE	FEE
FOR N			NUMBER F	NUMBER FILED		ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			13 minus 20=		* cf.			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS m) min	us 3 = *			-	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL	,	OR	TOTAL	200
	CI	LAIMS AS A	MENDED	- PAR	T II						OTHER	
(Column 1)				(Colur HIGH		(Column 3)	-	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18 ≃	
	Independent	*	Minus	***	T OL A 13.4	=		X42=		OR	X84=	,
L_	FIRST PRESE	NTATION OF M	JUIPLE DEF	ENDEN	CLAIM	ليلي		+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	_	ODII. PEC		•	7,0017. (2.2.)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT			HEST IBER OUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F CL AINA			X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	JETIPLE DEF	ENDEN	CLAIM		¹ [+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
	Le complete de la co	(Column 1)		(Colu	mn 2)	(Column 3)	_	•				
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HEER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9≃		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	<u> </u>		X84=	
\mathbb{L}	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN		T CLAIM] }			OR		1
	If the section of	and distance to the	ha animit	(ma 0 4		dump 2		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
***		imber Previously f aber Previously Pa					er fou	ind in the abi	propriate bo	x in co	olumn 1.	